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The Effectiveness of Life Review Therapy on Depression and Self-Efficacy among the Elderly

Abstract

The present research aimed to investigate the effectiveness of life review therapy on depression and self-efficacy among the elderly. The statistical population of the research included all the elderly individuals aged 60 years and older in Tehran, Iran, who lived at home and were referred to active daily rehabilitation and health centers in Tehran. From the target population, 4 elderly people from two active centers in Tehran (Yas and Arman Shayan centers) that had daily admission of the elderly were selected by convenience sampling method and underwent life review intervention during 8 sessions. The present research was an experimental study that was conducted under a single-case design. Beck Depression Inventory (short form) and Scherer and Maddox self-efficacy questionnaire were used to collecting data. The results showed that life review treatment significantly improves depression and self-efficacy in the elderly and this effectiveness was stable for all the 4 subjects in the follow-up phase. According to the results of the current research, life review therapy can be used to reduce depression and increase self-efficacy among the elderly in daily care, therapeutic and rehabilitative centers.

Keywords: *Life Review Therapy, Depression, Self-Efficacy, Elderly*

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Introduction

One of the most important demographic issues of the day that has attracted a lot of attention is the aging of the population and its consequences, which can cause many problems, especially in providing health care costs for the elderly (Mirzaei et al., 2017). According to the World Health Organization (WHO; 2007), aging is a period of life that begins at the age of 60. The aging process involves a gradual decline in the function of the body's systems, which ultimately transforms a healthy adult into a weak individual by reducing physiological capacity and increasing susceptibility to many diseases and mortality (Pourang and Yazdi, 2009). According to the 2011 census, the elderly population of Iran equaled 8.3% of the total population of the country, which is 2016, reached almost 8 million people, or about 10% of the population (Statistics Center of Iran, 2019). Old age does not mean illness, but studies have shown that more than 80% of the elderly have one or more chronic disorders or diseases that can cause various physical, psychological, social, economic, and family problems for them (Pasha, Saffarzadeh, and Moshak, 2007).

One of the most important problems of the elderly that endanger their mental health is psychiatric disorders, and among mental disorders, depression is the most common problem seen in the elderly (Varricchio and Ferrans, 2010). The prevalence of depression is increasingly developing among the elderly and it is a threat to the health of the elderly, and despite its high prevalence, not much attention is paid to this phenomenon which can bring about major consequences such as suicide if untreated and unprevented (Areán, Mackin, Vargas-Dwyer, Raue, Sirey., 2010). Various studies have reported the prevalence of depression in the elderly population, such that in one study, the prevalence of depression in the elderly in Iran was 22.4% (Jaghtai and Nejati, 2006). Another study in China reported a prevalence of mild depression in 16.8% and major depression in 14.7% of the elderly (Sajjadi et al., 2013). According to the report by the US National Institutes of Health Conference, major depression occurs in 1-3% of the elderly population (Lai, 2004); In addition, 8 to 16 percent of them suffer from milder symptoms of depression. According to John Elflein among the elderly in Germany only 5% had been depression as of 2021 compared to 20% of the elderly in the usa.(john, 2022).). Depression in the elderly is often undiagnosed and untreated, while it has significant effects on the elderly's quality of life, clinical disease outcomes, functional status, use of medical services, mortality, and disability. On the other hand, it should be noted that depression is not the natural result of aging and can have many causes because the prevalence of major depression is lower in the independent and healthy elderly than it is in the general population (

Khezri Moghadam, N, et al2018) Self-efficacy is another variable related to aging. During this period, due to the analysis of different systems, the elderly suffer from an increased disability, decreased independence, increased dependence on others, and feelings of lack of self-efficacy. Therefore, a wide range of the elderly who have not been able to adapt to the current situation, suffer from a variety of psychological problems such as hopelessness, anxiety, depression, and feelings of inefficiency and inadequacy. Therefore, one of the most important factors that can improve performance,

helpfulness, a sense of vitality, and adaptability to existing conditions is a sense of self-efficacy (Melzer, McWilliams, Brayne, Johnson, and Bond, 1999); Self-efficacy is a degree of a person's sense of mastery over the ability to perform the desired actions(saif, 2018); In other words, self-efficacy is the assurance that a person has performed a certain behavior according to a certain condition and expects the desired results(Hamilton et al, 2018). Self-efficacy beliefs determine how much time people spend doing their jobs, how long they resist when faced with difficulties, and how flexible they are in dealing with a variety of situations. Self-efficacy beliefs also affect people's thought patterns and emotional actions (peters et al(2019)). Thus, people with low self-efficacy may believe that the problem is unsolvable, and this belief promotes tension, depression, and narrow-mindedness to solve the issues at hand. On the other hand, high self-efficacy when approaching difficult tasks and actions helps to create a feeling of ease Mahnaz Shafiei Alavijeh at el(2021)). Self-efficacy is also of particular importance in the elderly. Numerous studies have shown the effect of self-efficacy on various aspects of the elderly (Singh and Udainiya, 2009).

Various approaches have been used in the treatment of psychological problems such as anxiety and depression, including psychological therapies, pharmacotherapy, and combined therapies; However, despite its widespread use, medication has limitations in the elderly, including the high cost of new-generation antidepressants, the recurrence of symptoms and problems after withdrawal, and the many side effects of taking most drugs due to drug interactions and side effects for the elderly (Narimani et al., 2011); Therefore, due to the limitations of drug therapy in this area, other different and useful therapies that can help reduce depression and improve self-efficacy in the elderly without having the limitations of drug therapy should be used. One of these important treatments that are appropriate for the condition and characteristics of the elderly is life review therapy. Butler (1963) first coined the term life review. Butler sees life review as a natural action and a general process in which one recalls, thinks about, and appraises his/her own past experiences, and delves into the goal of achieving greater self-knowledge (Mearcker, 2002). The therapeutic aspect of life review is that reviving these experiences and conflicts leads to a re-evaluation of events and conflicts, resolving them, and, as a result, personality cohesion and integrity. The roots of life review go back to Erickson's developmental theory, wherein in the eighth stage, one tries to achieve integration (Parvin, 2007). This stage, which is experienced in old age, is the stage of personality integration and the psychological conflict of this period is ego integrity versus despair, which ultimately leads to coping with life. People who achieve integration feel perfection and are satisfied with their achievements (Burke, 2003, translated by Seyed Mohammadi, 1392). A sense of integrity is obtained by looking at the past life through the review of a life (Karimi, Ismaili, and Arian, 2010). Study of research literature including Demirchi et al. (2017), Dehghan (2015), Taghdasi and Fahimifar (2014), Watt & Cappeliez, (2010), Bohlmeijer, Roemer, Cuijpers, and Smit (2007), has suggested this approach's effectiveness on improving mental health-related variables.

Therefore, because the elderly are at risk of depression and reduced self-efficacy, which in turn reduces the general health of this group, the present study aims to answer the fundamental question of whether life review therapy is effective in reducing depression and improving self-efficacy of the elderly?

Method

Research method, statistical population, and sample: In the present research, a single-case experiment design has been used. A single-case experiment sometimes called a single-subject experiment or a time-series test experiment is a kind of experiment that involves intensive research on an individual or several individuals who are considered as a single group. The statistical population of the study included all the elderly aged 60 years and older in Tehran who lived at home and did not stay in nursing homes 24 hours a day. The sample in the current study was selected based on inclusion criteria and by available purposeful sampling methods. Due to the nature of the research design, which is a single-subject experimental design, and since such designs do not require a large sample size, and because the study population included the elderly living at home and there was a possibility of decline and loss of subjects during the study, to prevent the results of the study from being invalidated, 4 participants were considered as the sample. Therefore, the sample size of the present research is 4 who were selected among the elderly referring to the daily active rehabilitation centers for the elderly (Yas and Arman Shayan centers) in Tehran, Iran, in 2019. Afterward, life review therapy was provided for them individually. In the present study, AB design, which is the basis of single-subject designs, was used. The researcher begins the project by selecting a participant. The target behavior is then measured repeatedly during the baseline period (A), and finally, the experimental action (B) is performed as the researcher continues to measure the target behavior. In the current study, three baseline measurements, three measurements during treatment, and two evaluations in the follow-up stage were conducted; thus, the dependent variables were measured for the first time thirty days before the first session, the second time 15 days before the intervention, and finally at the beginning of the first session and before conducting the experimental variable to measure the baselines, and the results were compared and assessed with three measurements in the intervention process, that is, in the third, sixth and final sessions of the intervention, and finally in

two follow-up evaluations, two and four months after the end of the intervention. The inclusion criteria of the research were as follows: having at least an under-diploma degree, being able to learn and perform treatment techniques, living in Tehran, living at home (not in nursing homes), being able to participate and cooperate in psychotherapy sessions, to be cognitively healthy (in Abbreviated mental test (AMT) (score 8 or higher), to express their informed consent to attend treatment sessions. Exclusion criteria were as follows: severe or moderate depression, alcohol or drug use, severe psychological or physical problems, or being affected by such problems during treatment such that hindered the progress of treatment and continuing of sessions, being absent for more than two sessions in the treatment process, being treated with psychotropic drugs or non-drug therapies at the same time, refusing to continue treatment for any reason. In the present research, the following tools have been used to collect data.

Sherer and Maddux General Self-Efficacy Scale: Sherer and Maddux (1982), without determining its factors and their items, believe that this scale measures three aspects of behavior including a desire for behavior initiation, continuous effort to complete the behavior, resistance to facing obstacles. The reliability and validity of this scale have been confirmed in Iran. The reliability and validity of this scale were confirmed in the studies conducted by Barati Bakhtiari (0.79) and Malek Shahi and colleagues (0.73), so employing this scale is statistically justified. The Cronbach's alpha coefficient of this scale was 82% in the present study.

Beck Depression Inventory-II (BDI-II): The Beck Depression Inventory (BDI), which consists of 21 sets of questions, was first developed in 1961 by Aaron Beck, Ward, Mendelssohn, Mack, and Arbaf. The validity and reliability of this questionnaire were reviewed and confirmed in 1971, 1979, 1985, and 1986. The set of 21 questions in this questionnaire includes a total of 94 statements in sequential terms, each of which is related to a specific symptom of depression (Azargon, Kajbaf, Molavi, and Abdi, 2009). The BDI-ll questionnaire was extracted from the original version of this questionnaire in 1996, and Beck has reported the test-retest result of this questionnaire to be 0.93 and its internal correlation being 0.91 (Beck et al., 1974). Dobson and Mohammad Khani in Iran also have reported a total validity of this questionnaire equaling 0.91, and the range of correlation coefficients of each item with the total questionnaire (question recognition power) is between 0.681 And 0.454. The convergent validity of this scale by calculating the correlation with the abbreviated mental test was favorable (Azargon et al., 2009). This questionnaire has several cut points that classify depression based on the scores obtained. Cronbach's alpha coefficient of this questionnaire was 82.9% in the present study population.

The intervention process

First, the required permissions for experimental interventions in human affairs were obtained from the medical ethics in the University located the location of conducting the study, then, it was determined after some search that two daily rehabilitation and nursing homes in Tehran are active (Yas and Arman Shayan). After visiting them and obtaining permission to enter these two centers, the operational phase of the research was started. First, with the help of counselors and managers of the above-mentioned centers, the researchers were able to get acquainted with the elders, and after providing a list of the elders' names and a summary of their conditions, an introduction session was held in which the research objectives were explained to the subjects. Initially, to test the reliability of the scale, this scale was completed by 30 elders who had better cognitive and consciousness status, and their Cronbach alpha coefficient was obtained. Afterward, 4 subjects were selected among them who met the inclusion criteria of the research. Afterward, the life review therapy protocol was provided for the elderly individually. This therapeutic protocol was conducted in eight 60-minute sessions once a week.

A summary of life review therapy is presented in table 1.

Table 1. A summary of Life Review Therapy

Sessions	Session's summary
Session 1	Introduction of the members and the counselor, explaining the goals and rules of the sessions by the counselor, creating a friendly and trusting atmosphere, discussing various topics, "what are the first memories they remember from their childhood? Did everyone love you and always take care of you as a child? (Basic trust vs. mistrust stage) Were you shy as a child? What do you remember? (Autonomy vs. shame and debut)."
Session 2	Reviewing the memories of home and family and the next two stages of Ericsson's development theory. To discuss different topics, "were the resources you wanted ready for you? Who were you very close with? Did you make a lot of mess? What games did you play and what things did you make? As a child, did you feel guilty and bad? (Initiative vs. guilt) Were you a lively and smart child? (accomplishment vs. inferiority)."
Session 3	Examining your adolescence memories, discussing different topics, "did you have friends to talk to as teenagers or did you have a group to participate in? (Identity versus role confusion) Was there anyone

	you loved as a teenager? Did you have a close and intimate relationship with him? (Intimacy versus isolation) As a teenager, did you feel good about yourself and happy?"
Session 4	Reviewing the memories of adulthood and the present time. Different discussions, such as "do you think that you have been a responsible person and that you have done your duties well? As a parent, have you done your duties well and helped the next generation? (Generativity vs. stagnation) Are you satisfied with your marital life?"
Session 5	Summarizing and evaluating your whole life by discussing different topics, "How do you think your life has been in general? If you were to start your life over, what would you like to change and what would you leave unchanged? Tell three very good memories of your life (emphasizing the meaning of memories), and express the bitterest, sweetest, and proudest memory of your life (integrity versus despair). What impression of the said memory is associated with your mind? What do you like to do in the future? What are you afraid of?"
Session 6	Helping the person to feel integrity, expressing all the positive points of the person's life, renaming the negative aspects of the person's life and changing them into positive terms, and assessing the person's satisfaction with the treatment sessions
Sessions 7 and 8	Sessions 7 and 8 are on summarizing life reviews and appraising them. During this part of life review, the individual integrates his or her own life and puts its events in their proper place. As a result of this summarizing, when the balance is created, a sense of freedom is formed that allows the person to continue the rest of life with good quality.

Findings

to analyze the collected data in the present design, inferential statistics tests are not used. In the designs like the present design, the chart drawing method is the only helpful and acceptable method for interpreting the results. To interpret the research results, the results of tests conducted on subjects in different phases are drawn on charts and, then, the differences created in different phases of the research are examined (Delavar, 2018). In addition, the clinical significance method is used to calculate the data obtained in the design. In the clinical significance of variation, the level of variability of response in each one of the subjects is considered and the variety of subjects is assessed according to their status before and after the intervention (Kendall and colleagues, 1999, cited by Asghari Moghadam and colleagues, 2011). To calculate the clinical significance, the recovery percentage formula is used:

$$\frac{pretest\ score - posttest\ score}{pretest\ score} = recvery\ percentage$$

To evaluate the effectiveness of Life Review Therapy on depression and self-efficacy, the scores of all four subjects were examined. In table 2, the improvement rate of the subjects in the variable of depression, and in table 3, the pre-treatment and post-treatment scores of the subjects in depression have been presented. Moreover, the improvement rate of the subjects in the variable of self-efficacy and table 5, the pre-treatment and post-treatment scores of the subjects in self-efficacy have been presented. In chart 2, the raw score of the subjects in self-efficacy has been presented; furthermore, the score of the first measurement of the baseline stag is considered as the baseline score and the final score at the end of the intervention is considered as the final score.

Table 2. The improvement rate of the subjects in depression (MBCT).

Subjects	Subject 1	Subject 2	Subject 3	Subject 4
Baseline score	26	24	17	21
Final score	13	12	10	9
Improvement rate	50%	50%	41%	57%

As can be observed in table 2, the highest improvement rate in the variable of depression is 44% for subject 4, and the lowest improvement rate is for subject 4 equaling 41%.

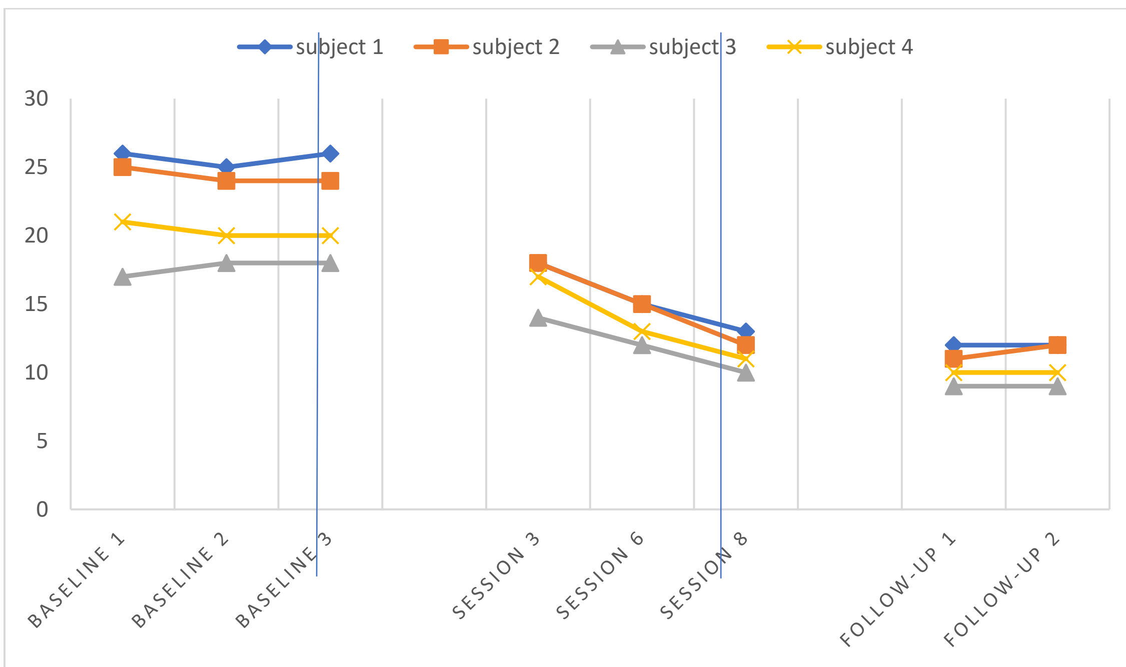
Table 3. The pre-treatment and post-treatment scores of the subject (Life Review Therapy) and their differences, reliable change indices (RCIs), and clinical significance level in a depression

Reaching clinical Significance level	RCI	Pre- and post-treatment change	Post-treatment	Pre-treatment	Subject

Yes	-5.31	13	13	26	1
Yes	-4.90	12	12	24	2
Yes	-2.86	7	10	17	3
Yes	-4.9	12	9	21	4

As can be seen in table 3, is for all the four subjects are significant and greater than 1.96, therefore, it can be stated with 95% certainty that all the four subjects have had a reliable and valid variation in depression. Moreover, based on the scoring and interpretation of BDI-II, the cut-off points of depression scores are 11 and 19, therefore, if the subject's pre-test score is above these points, and their score has dropped under the cut-off point, it can be said that the patient has obtained statistically-significant clinical change, and here based on the collected data, it can be stated that since subjects 1 and 2 were in the range of minor to moderate depression before the treatment, and after the treatment, their score is in the range pf minor depression, so they have achieved a significant level of clinical change. Moreover, subject 3 had minor depression before the treatment, but their score reached under the cut-off point (11) after the treatment and has reached the lack of depression level. But the greatest effect was seen in subject 4 who was in the range of minor to moderate depression before the intervention (score = 21), but after the intervention, they reached the level of lack of depression with 9 scores drop and showed the highest significant clinical change in this scale.

Chart 1. Raw scores of the subjects in BDI-II (Life Review Therapy)



As can be seen in chart 1, the score of the first subject in the depression variable in the first baseline is equal to 26 and above the cut-off point (which is 20); and in the second and third baselines, this score is equal to 25 and 26, respectively. After the beginning of life review therapy and at the end of the third session, the subject's score in depression equaled 18 with a slight decrease; Following the treatment sessions, the decreasing trend of depression in the first subject continued until finally at the end of the eighth session it reached its lowest level, 12, and this score remained stable in the first and second follow-ups-which was 12.

The score of the second subject in the depression variable in the first baseline was equal to 25 and above the cut point, and the same score was equal to 24 in the second and third baselines. The first decreasing changes started at the end of the third session and with a decreasing trend, it finally reached 12 at the end of the eighth session. In the first follow-up, the subject's score reached 11, but in the second follow-up, it increased again to 12, which indicates the stability of the changes in the second subject's depression.

The third subject's score in the depression variable was 17 in the first baseline and below the cut point, which reached 18 in the third baseline, but at the end of the third session, the subject's score in the depression variable reduced to 14 and, afterward, it went through a decreasing trend until the end of the eighth session and equaled 10; And this score remained

constant on 9 with a very small decrease in the first and second follow-ups.

The fourth subject's score in the depression variable was 21 in the first baseline which was above the cut point and turned into 20 in the second and third baselines, but at the end of the third session, the subject's score in the depression variable was reduced to 17 and then It also had a decreasing trend until the end of the eighth session and equaled to 11; and this score showed the number 10 in the first and second follow-ups with a slight decrease.

Table 3. The improvement rate of the subjects on the self-efficacy scale (life review therapy)

Subjects	Subject 1	Subject 2	Subject 3	Subject 4
Baseline 1	42	50	47	57
Final score	61	67	63	69
Improvement rate	%45	%34	%34	%21

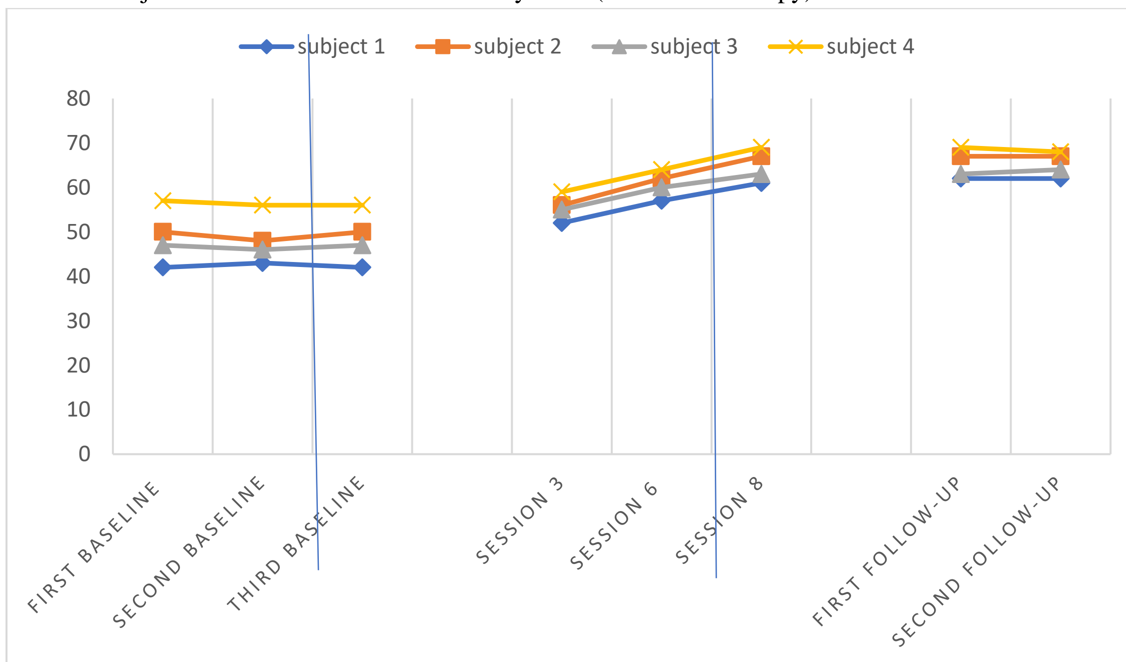
As you can see in Table 3, the highest percentage of improvement in the self-efficacy variable in life review therapy is 45% for the first subject and the lowest percentage is 21% for the fourth subject.

Table 5. Scores pre-and post-treatment and their differences, stable change index, and significant level of self-efficacy

Reaching clinical level	Significance	RCI	Pre- and post-treatment change	Post-treatment	Pre-treatment	Subject
Yes		5.31	20	62	42	1
Yes		4.51	17	67	50	2
Yes		4.25	16	63	47	3
Yes		3.18	12	69	57	4

As can be observed in Table 5, the reliable change index (RCI) for all the four subjects is significant and above 1.96, so it can be said with 95% confidence that all the four subjects have changed reliably in the self-efficacy variable, and also because in the Scherrer and Watson's general self-efficacy scale no cut-points have been specified and it has been noted that with higher scores comes higher self-efficacy, it can be stated that since all the subjects have shown positive change and their scores have increased in the posttest stage compared to the baseline stage, so, all of them have achieved significant clinical change; Therefore, it can be said that life review therapy has significantly increased self-efficacy in all the subjects.

chart 2. Subjects' raw scores on the self-efficacy scale (life review therapy)



As shown in Figure 2, the first subject's score on the self-efficacy variable was 42 in the first baseline; And in the second and third baselines, this score was almost constant and fluctuates between 42 and 43. At the beginning of life review therapy, the subject's score in the self-efficacy variable after the end of the third session was slightly increased to 52. Following the treatment sessions, the increasing trend of self-efficacy in the first subject continued until finally reached its maximum value, that is 61 at the end of the eighth session; the same value was 62 in the first and second follow-ups with a slight increase.

The third subject's score in this variable was 47 in the first baseline, which in the second and third baselines showed a slight fluctuation between 46 and 47, but at the end of the third session, the subject's score in this variable increased to 55 and then it maintained an upward trend until the end of the eighth session, equaling 63; And this score also remained constant on 63 and 64 in the first and second follow-ups.

The fourth subject's score in the self-efficacy variable was 57 in the first baseline, which also showed 56 in the second and third baselines, but at the end of the third session, the subject's score in this variable increased to 59 and then it increased until the end of the eighth session equaling 69; and this score was stable in the first follow-up and the second follow-up with a very small decrease, equaling 68.

Discussion and conclusion

The present study aimed to evaluate the effectiveness of life review therapy on depression and self-efficacy in the elderly. The research results showed that life review therapy has led to relative improvement in all the four subjects on the depression scale and symptoms and this therapeutic approach produced lasting clinical changes in the Depression Scale for all the four participants. To explain this result, it can be said that life review therapy gives the elderly the opportunity to review and reappraise what they have achieved during their life by reviewing the achievements of their life and seeing what they have here and now, they would feel satisfied with themselves and resolve their old conflicts by considering their achievements, and this can greatly help them reduce frustration and prevent depression. During the process of reviewing life, the person reveals unknown features and unspoken deeds of his life to others, and in response, they may reveal hidden facts and truths. These revelations may change the quality of relationships, the formation of new intimacies, and the disappearance of false honesty. Life review is also a healing process that enhances insight and self-awareness and is associated with behavioral, emotional, and cognitive changes and can eliminate terrible hatreds and certain prejudices; It can therefore reduce depression in the elderly (Boehminger et al., 2003). The kind of attitude a person has towards circumstances and events affects the level of life expectancy. In this method of treatment, we place the elderly in a different atmosphere with a new and different perspective that provides the possibility of rethinking and reconstructing life events with a new definition and, of course, a different arrangement from what it was. This leads to a better sense of self and the reality of one's life, which can ultimately lead to increased hope and usefulness in life. This type of therapy is one of the approaches that can help people give their unfinished experiences a generality and a special meaning and teaches them that control over their lives is in their own hands. And their past, despite its bitterness and failures, does not reflect their future, but what they do now affects their future. In this method of treatment, the elderly move towards change by gaining proper knowledge of themselves and introspection, and give up the monotony and dull life that is the product of their past experiences, and as a result experience changes in a positive direction (Weiss, 2010). In this treatment, the elderly become well aware of the content of their life process and do not need to learn new skills. Inviting the elders to discuss their past life experiences is also an engaging and enjoyable activity, and when they become aware of the positive aspects of their lives and inner strength with the help of a counselor, their depression improves. Also, when this treatment is studied individually, the subjects take advantage of the atmosphere created by building trust during the treatment, and express their past, although unpleasant, much easier and more flexibly and more details can be examined and scrutinized more closely. So that they achieve better personality cohesion and integrity by solving past problems. It can also be said that a life review allows the elderly person to review and rethink what he or has achieved during his life and feel satisfied with his/her by seeing what he has here now. Reviewing the lives of the elderly allows them to address old conflicts by considering their successes and, so, alleviate and reduce frustration and depression. The results of the present study are consistent with the results of Asoodeh et al(2019), safarinia et al(2017).(Watt et al. (2010), Dehghan (2015), Karimi (2008), Saffarinia et al. (2016), Eilali et al. (2017), Wilson (2006), and Choobforoshzadeh et al. (2018).

The results also suggested that life review therapy increases the self-efficacy of the elderly. Explaining these results, it can be said that, by reviving the experiences and conflicts, life review therapy leads to re-reappraisal of experiences and conflicts, solving the conflicts, re-wrapping them, and as a result, the cohesion and integrity of the individual's personality, and during the treatment process, the individual realizes his/her past which might have been full of successes and failures and understands what abilities and talents he/she had in the past, and this new insight can be the background for improving their sense of self-efficacy (Yazdanbakhsh, 2016).

It can also be stated that due to the extensive changes in lifestyle and the emergence of economic and social problems

and old age and because of the many problems that afflict them physically and psychologically, they suffer more than all other age groups and they experience a sense of low self-efficacy; Therefore, perhaps one of the best ways to increase their sense of self-efficacy is to listen to what they have to say about their past; A past full of successes and failures in their present lives. Just listening to them creates a valuable feeling in them and makes them still find themselves useful and productive. With a strong emphasis on actively and sincerely listening on the part of the counselor or researcher, this treatment opens the way to improve their sense of self-efficacy and adequacy by resolving their past unresolved issues and conflicts (Fahimifar, 2010). These results are consistent with the results of Sadr Demirchi (2017) and MacKinlay and Trevitt (2010), Yazdanbakhsh (2016), and liu et al 2018). Furthermore, due to the many problems that occur to them due to old age, the elderly are no longer able to help with household chores or household economic affairs, and they get affected by a kind of sense of lack of self-efficacy. However, this approach provides an opportunity to review the past by emphasizing their abilities and all the ups and downs of life that have occurred over the past few years and their ability to solve and remove obstacles, as well as by inducing the fact that everyone has their utmost capabilities and productivity at some point in life, we revive their sense of self-efficacy and increase their sense of self-worth, self-esteem, and self-efficacy by listening to them.

One of the limitations of the present research is that since the current research has been conducted on the elderly living at home, it is necessary to be careful in generalizing the results to the elderly living in nursing homes. The present study was performed on the elderly who were cognitively healthy and cannot be generalized to the elderly who may have cognitive disorders. Moreover, this method has been implemented with a case-study design and, to achieve more generalizability, it is necessary to employ life review therapy in a group format. Therefore, in the research proposal section, the following recommendations are presented: conducting similar research in nursing homes and for the elderly who live in the nursing homes on a 24-hour basis, to evaluate the effectiveness of the group method with greater size of samples for more generalizability of results. And in the applied suggestion section, the following suggestions are made: using this treatment method in individual format and especially for people with significant problems by psychologists, paramedics, and counselors working in nursing homes and day-care centers for the elderly; Inclusion of this treatment method in intervention and treatment programs for the elderly, holding individual classes and courses of mindfulness by service-providing organizations based on the results obtained in the present project and using an individual protocol of mindfulness-based cognitive therapy appropriate to the conditions of this social group and comparing the results with group applications of the therapy.

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